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Substitute for form 1449/PTO  <div style="text-align: center;"> <b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b> </div> <div style="text-align: center;"> <i>(Use as many sheets as necessary)</i> </div>				<b>Complete if Known</b>	
				Application Number	10/559,694-Conf. #3005
				Filing Date	May 1, 2006
				First Named Inventor	Wolfgang Kreisel
				Art Unit	4173
				Examiner Name	C. R. Stone
				Attorney Docket Number	64609(70301)
Sheet	2	of	2		

[illegible]

Examiner Signature		Date Considered	
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup>Applicant's unique citation designation number (optional). <sup>2</sup>Applicant is to place a check mark here if English language Translation is attached.